



APPLICATION FOR OPIOID TREATMENT PROGRAM (OTP) APPROVAL

State Form 52685 (6-06) / CS 0023

**DIVISION OF MENTAL HEALTH AND ADDICTION
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION**
402 West Washington Street, Room W353
Indianapolis, IN 46204-2739
Telephone: (317) 232-7800
Fax: (317) 233-3472

INSTRUCTIONS:

- 1) Complete original application and attachments.
- 2) Forward to address in upper right corner of form.

GENERAL INFORMATION		
Information about the applicant entity is requested in this section.		
Legal name of applicant entity		
DBA name of entity (if different)		
Employer Federal Identification number	Organization structure of applicant entity (please check one only) <input type="checkbox"/> Private non-profit <input type="checkbox"/> Private for-profit	
Location address for main business office of applicant entity (Note: A post office box number is not considered a location) (number and street)		
City, state, ZIP code and county		
Telephone number ()	Fax number ()	E-mail or internet address
Mailing address of applicant entity (if different from location address) (number and street or post office box number, city, state, and ZIP code)		
Designate a county for which new OTP approval is being sought: _____		
ATTACHMENTS		
Submit the attachments required for approval. See State Form 52686, Required Documentation for Applicants for Approval as New Opioid Treatment Programs, for further information.		
GENERAL CONDITIONS		
Upon approval as a new OTP in the specified county, the applicant agrees to abide by all pertinent laws, rules and administrative directives. THE APPLICANT AGREES TO INFORM THE DIVISION OF MENTAL HEALTH AND ADDICTION OF CHANGES IN ANY OF THE INFORMATION PROVIDED ON THIS FORM, IF THE APPLICANT RECEIVES APPROVAL TO ESTABLISH A NEW OTP AND CHANGES OCCUR. The Division of Mental Health and Addiction may require a new application as a result of such changes. The applicant affirms that the statements and declarations contained herein are true and correct to the best of the applicant's knowledge.		
Applicant entity		
Signature (individual with signature authority)		Date (month, day, year)
Type or print the name of the signatory		Official title

RETURN THIS APPLICATION FORM AND ALL REQUIRED ATTACHMENTS TO THE ABOVE ADDRESS